

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029728

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7812

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 9 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS

Length of stay in 1b
70 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4244 BLAIR AVE

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First HARRY

Middle E.

Last BRESSERT SR.

4. DATE OF DEATH

Month JULY

Day 29

Year 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
AUG. 24, 1892 70 YRS

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY
P.C. CAN CO

11. BIRTHPLACE (City and state or country)
ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

HENRY BRESSERT

13b. MOTHER'S MAIDEN NAME

SADIE BALLARD

14. NAME OF HUSBAND OR WIFE

ROSE BRESSERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

17. INFORMANT

Address

ROSE BRESSERT 4244 BLAIR AVE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probable Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardiovascular Disease

DUE TO (c)

acute cholecystitis
Pneumonitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
4201

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/25/63 to 7/29/63 and last saw him alive on 7/29/63 10:45 a.m.
Death occurred at 11 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deeds or title)

Harold Bailey M.D. 1107 Leatic Bldg

22b. ADDRESS

22c. DATE SIGNED

7/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

REGISTRAR'S SIGNATURE

Wiedmeyer & Sons 3934 N. 20 ST

JUL 31 1963

Don Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.